

ERNEST ORLANDO LAWRENCE
BERKELEY NATIONAL LABORATORY (LBNL)

AGREEMENT & AUTHORIZATION FOR TELECOMMUTING

The Employee named below is hereby authorized to perform work for LBNL at the residence or off-site office located at

_____, _____, _____, _____
(Address) (City) (State) (Zip)

in accordance with the terms and conditions stated herein. Employee understands and agrees that authorization to perform LBNL job duties away from the LBNL premises is a privilege, and can only be granted in areas where such duties are compatible with LBNL operations and to employees deemed eligible for off-site work assignments in LBNL's sole discretion.

EMPLOYEE NAME: _____ **LBNL Extension:** _____ **MS:** _____

DEPARTMENT/DIVISION: _____ **Employee No.:** _____

AUTHORIZED DUTIES/ASSIGNMENTS:

AUTHORIZED DAYS TO TELECOMMUTE: _____

NOTE: Any hours involving premium overtime must be specifically approved by the Supervisor

Employee further understands and agrees:

- (1) that this Agreement does not create a right to perform job duties at any location other than the LBNL site;
- (2) that this Agreement is not an entitlement or a contract of employment and may not be construed as such;
- (3) that this Agreement may be terminated without cause by either party upon ten business days prior written notice;
- (4) that LBNL information and equipment maintained at Employee's premises will be protected from unauthorized or accidental access, use, modification, destruction, or disclosure;
- (5) that Employee's personal vehicle will **not** be used for LBNL business unless specifically authorized below;
- (6) that Employee's off-site work space will be maintained by Employee in a safe condition, free from hazards to persons and Equipment; if computer equipment (PC, MAC, and/or Laptop) will be used as part of the telecommuting function, the following activities must be completed and documented using the attached form and returning a copy to the supervisor and EH&S Safety Engineering Group:
 - a. Completing the Ergonomics Awareness for Computer Users (EHS 60) training by viewing the "ErgoKnowledge" CD.
 - b. Conducting an ergonomic self-assessment of the immediate telecommuting work area using the attached evaluation form.
 - c. Installing the necessary ergonomic accessories identified in the self-assessment to assure the telecommuting work area provides controls against ergonomic risks.
- (7) that any Equipment provided to Employee by LBNL shall remain the property of LBNL, and that all such LBNL Equipment will be returned to LBNL for inspection, repair, replacement, or repossession upon five (5) business days prior written notice; and
- (8) that Employee will report any injury incurred while performing work for LBNL at Employee's residence or off-site office to LBNL Risk Management (510) 486-5212 or 486- 5213. Any accident must be brought to the immediate attention of Supervisor;
- (9) that Telecommuting is not a substitute for child or elder care and Employee will manage dependent care and personal responsibilities in a manner that allows job responsibilities to be successfully met;
- (10) that Employee agrees to be accessible (e.g., by e-mail, telephone) during designated work hours and will meet with Supervisor and attend LBNL meetings upon request of the Supervisor;
- (11) that other than duties and obligations expressed in this agreement, all duties, obligations, responsibilities, and conditions of employment with LBNL remain unchanged and all LBNL/University rules and regulations pertaining to employment, employee conduct, and performance of duties and health and safety apply to this agreement.
- (12) Employee remains liable for injuries to third parties and/or members of Employee's family at the Employee's residence. Employee agrees to defend, indemnify, and hold harmless LBNL, its employees and agents, and The Regents of the University of California, and the United States Department of Energy from and against any and all claims, demands, or liability (including any related costs, losses, expenses, and attorney's fees) resulting from or arising in connection with any injury to persons (including death) or damage to property, caused directly or indirectly, by the work performed by the Employee or by Employee willful misconduct or negligent acts or omissions in the performance of duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of LBNL.

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USE OF LBNL EQUIPMENT: If LBNL Equipment is to be used by the above Employee away from the LBNL premises, the following **MUST** be completed:

Description of Equipment	Quantity	Serial No.	Property No.	Est. Return Date

Description of Ergonomic Accessories	Vendor Name	Date Ordered	Date Installed

Ergonomic Accessories Approved By:

(Signature of Supervisor)

(Signature of ESH Coordinator)

USE OF EMPLOYEE'S PERSONAL VEHICLE: The Employee is authorized to use the Employee's personal vehicle for the following LBNL purpose(s) **only**:

(Signature of Supervisor)

APPROVAL: I hereby approve performance of the job duties/assignments stated herein by the Employee named above and at the above specified location. If LBNL Equipment is to be used by the Employee, I hereby approve of removal of the above Equipment from the LBNL premises, and of the Employee's storage and usage of such Equipment at the above stated location. **(Attach copy of Equipment Movement Record).**

(Signature of Supervisor)

(Date)

(Signature of Division Director/Dept. Head)

(Date)

Concurrence of Human Resources for non-exempt employee agreements

(Signature of Manager, Labor Relations)

(Date)

I hereby affirm by my signature that I have read this Telecommuting Agreement, understand its subject matter and agree to all of the above terms and conditions.

(Signature of Employee)

(Date)

Name _____ Employee No. _____ Job Title _____ Date _____
 Mail Stop _____ Ext. _____ Location _____ Division (org code) _____ Matrixed to _____
 Check one: ☐ LBNL ☐ Contract Worker ☐ Visitor ☐ Student
 Supervisor _____ Ext. _____ Mail Stop _____ Evaluator _____ Ext. _____ Mail Stop _____

Telecommuting Location/Address:

Job Function (%): Computer _____ % Reading/Writing _____ % Phone _____ % Filing _____ % Lifting _____ % Calculator _____ % Other _____

Computer Work Duration (daily) ☐ 1-2 hrs ☐ 2-3 hrs ☐ 3-4 hrs ☐ 4-5 hrs ☐ 5-6 hrs ☐ 6-8 hrs ☐ varies

Work Station: ☐ Single User ☐ Multiple User

Check if employee wears: ☐ bifocals ☐ trifocals ☐ VDT glasses

Discomfort/Pain _____ Duration _____ Severity _____

Training Taken: ☐ EHS 060 ☐ EHS 061 ☐ Other _____

	Sat	NI	AM	NA	Corrective Actions/Adjustments Made	Recommended Equipment/Accessories (Indicate Make/Model –use LBNL Ergo Catalog)
Chair Chair has adjustable padded arm rests Chair is adjustable and provides proper lower back support Chair height appropriate Thighs are parallel to the floor Employee's feet are flat on the floor/or supported by footrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust chair <input type="checkbox"/> Adjust foot rest <input type="checkbox"/> Use of LBNL Chair Loaner Program <input type="checkbox"/> Other _____	<input type="checkbox"/> Ergonomic Chair <input type="checkbox"/> Accessory (e.g., armrest, head or back support) <input type="checkbox"/> Foot rest <input type="checkbox"/> Other _____
Work surface Work space is properly laid out (monitor, mouse, document holder, phone, writing surface) Work surface at proper height Adequate space under the work surface for legs, knees, thighs, feet and equipment/accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relocate materials under work surface <input type="checkbox"/> Rearrange work area layout <input type="checkbox"/> Adjust work surface height <input type="checkbox"/> Pad work surface edge <input type="checkbox"/> Other _____	<input type="checkbox"/> Ergonomic Computer Table/Desk <input type="checkbox"/> Redesign work area (Facilities) <input type="checkbox"/> Redesign work area (Steelcase) <input type="checkbox"/> Other _____
Monitor The top of the VDT display screen is at or slightly below eye level Monitor is located directly in front of and at least 18-24" from worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust monitor vertical height <input type="checkbox"/> Adjust monitor viewing angle <input type="checkbox"/> Adjust monitor horizontal distance	<input type="checkbox"/> Monitor riser arm or stackers <input type="checkbox"/> Other _____
Keyboard/Wrist Rest/Pointing device The keyboard location forearms to be parallel to the floor The wrists are straight, in line with the forearm The wrist rest is used properly Forearms parallel to floor when using pointing devices Wrists in neutral position when using pointing devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust tilt of keyboard <input type="checkbox"/> Adjust height <input type="checkbox"/> Adjust distance <input type="checkbox"/> Alternate hands (pointing device) <input type="checkbox"/> Other _____	<input type="checkbox"/> Alternative Keyboard <input type="checkbox"/> Keyboard Platform <input type="checkbox"/> Articulating arm <input type="checkbox"/> Alternative Pointing Device <input type="checkbox"/> Mouse Platform/Bridge <input type="checkbox"/> Wrist Rest <input type="checkbox"/> Other _____
Document Holder Document holder used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust position <input type="checkbox"/> Other _____	<input type="checkbox"/> Document holder <input type="checkbox"/> Slant Board <input type="checkbox"/> Other _____
Lighting Monitor is positioned to avoid glare Lighting is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust monitor position <input type="checkbox"/> Move work station <input type="checkbox"/> Adjust window blinds <input type="checkbox"/> Other _____	<input type="checkbox"/> Glare screen <input type="checkbox"/> Task light <input type="checkbox"/> Reduce Illumination <input type="checkbox"/> Other _____
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Eye exercises <input type="checkbox"/> Monitor Refresh Rate Set Correctly <input type="checkbox"/> Other _____	<input type="checkbox"/> Eye examination (for glasses) <input type="checkbox"/> Prescription glasses for computer work
Telephone Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reposition telephone <input type="checkbox"/> Switch hands <input type="checkbox"/> Use speaker phone <input type="checkbox"/> Other _____	<input type="checkbox"/> Head Set <input type="checkbox"/> Speaker phone <input type="checkbox"/> Shoulder rest
Work Habits Takes tasks breaks on regular basis Stretching Posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Task breaks <input type="checkbox"/> Stretching <input type="checkbox"/> Adjust body position <input type="checkbox"/> Other _____	<input type="checkbox"/> Task break (notification software) <input type="checkbox"/> See boxes above <input type="checkbox"/> Awareness training/video/Ergo CD <input type="checkbox"/> Other _____